2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # N30041 1. Entity Name 04-11-2008 90039 012 ****61.25 PINE HOLLOW PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PHILLIP G. GUETTLER 4401 WHITEWAY DAIRY RD. ROOM 5 P O BOX 1987 FORT PIERCE FL 34954 FORT PIERCE FL 34947-4407 2. Principal Place of Business - No 2 O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-0203385 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUETTLER, PHILLIP G. Street Address (P.O. Box Number is Not Acceptable) 4401 WHITEWAY DAIRY ROAD ROOM 5 FORT PIERCE FL Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Fam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or gratted name of registered agent and the if applicable (NOTE: Registered Agent signature required which reinstating) FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE חו ☐ Delete TITLE ☐ Change Addition GUETTLER, BEN NAME NAME 4401 A WHITEWAY DAIRY RRD. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delate GUETTLER, PHILLIP G. MARKE NAME 4401 A WHITEWAY DAIRY RD. STREET ADDRESS STREET ADDRESS FORT PIERCE FL 34947 CITY-ST-ZIF CITY-ST-ZEP TITLE Delete TITLE Change ■ Addition BUETILER, FRANCIS N. ZD. GUETLER, SUE NAME NAME STREET ADDRESS 4401 A WHITE WAY DAIRY RD. STREET ADDRESS FORT PIERCE, FL 34947 FORT PIERCE FL 34947 CITY-ST-ZIF CITY-ST-ZP THILE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILL ☐ Change ☐ Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP

SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Guettler

FILED